

ATTORNEY/CLIENT COMMUNICATIONS

Attorneys Name (Last, First Middle):		Business Address:	
Driver's License or Identification Number:	State:	Bar Card #:	H.C.S.O. SPN Number:
	TX		
Date of Request	Email Address:		

REQUEST TO BLOCK RECORDING OF CERTAIN PHONE NUMBERS

TELEPHONE NUMBER(S) TO BE MADE "PRIVATE" ~
PLEASE INCLUDE ALL TELEPHONE NUMBERS WHERE YOU
MAY RECEIVE AN INMATE CALL

1 Main Office	Phone #	4 Home	Phone #
2 Direct	Phone #	5 Other	Phone #
3 Cellular	Phone #	6 Other	Phone #

By my signature below I acknowledge that the above referenced are true and correct telephone numbers used for privileged conversations between my client(s) and myself.

- *The above numbers are used solely for confidential and privileged communication;*
- *I understand these numbers will remain "Private" and not recorded until I specifically make written request to terminate this confidentiality agreement.*
- *I understand if a three-way call or conference call is attempted, the call will be terminated by the telephone system.*

Signature of Attorney:	Date:
X	

FOR STAFF USE

PLACE ATTORNEY'S DRIVER'S
LICENSE OR IDENTIFICATION CARD
IN THIS AREA WHEN
PHOTOCOPYING THIS REQUEST

PLACE BAR CARD IN THIS AREA
WHEN PHOTOCOPYING THIS
REQUEST